**Performance**

**Report**

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| Name: | Derby Home and Community Care Inc. |
| Commission ID: | 500276 |
| Address: | 16 Rowan Street, DERBY, Western Australia, 6728 |
| Activity type: | Quality Audit |
| Activity date: | 21 November 2023 to 23 November 2023 |
| Performance report date: | 5 February 2024 |

This performance report **is published** on the Aged Care Quality and Safety Commission’s (the **Commission**) website under the Aged Care Quality and Safety Commission Rules 2018.

# Service included in this assessment

Commonwealth Home Support Programme (**CHSP**) included:  
Provider: 9449 DERBY HOME AND COMMUNITY CARE INC  
Service: 27185 DERBY HOME AND COMMUNITY CARE INC - Community and Home Support

**This performance report**

This performance report for Derby Home and Community Care Inc. (**the service**) has been prepared by P. Sherin, delegate of the Aged Care Quality and Safety Commissioner (Commissioner)[[1]](#footnote-1).

This performance report details the Commissioner’s assessment of the provider’s performance, in relation to the service, against the Aged Care Quality Standards (Quality Standards). The Quality Standards and requirements are assessed as either compliant or non-compliant at the Standard and requirement level where applicable.

The report also specifies any areas in which improvements must be made to ensure the Quality Standards are complied with.

# Material relied on

The following information has been considered in preparing the performance report:

* the assessment team’s report for the Quality Audit report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives, and others.
* the provider’s response to the assessment team’s report received 23 January 2024 providing additional information.

# Assessment summary for Commonwealth Home Support Programme (CHSP)

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| Standard 1 Consumer dignity and choice | Compliant |
| **Standard 2** Ongoing assessment and planning with consumers | **Compliant** |
| **Standard 4** Services and supports for daily living | **Compliant** |
| **Standard 5** Organisation’s service environment | **Compliant** |
| **Standard 6** Feedback and complaints | **Compliant** |
| **Standard 7** Human resources | **Compliant** |
| **Standard 8** Organisational governance | **Compliant** |

A detailed assessment is provided later in this report for each assessed Standard.

# Areas for improvement

There are no specific areas identified in which improvements must be made to ensure compliance with the Quality Standards. The provider is required to actively pursue continuous improvement in order to remain compliant with the Quality Standards.

# Standard 1

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| Consumer dignity and choice | | CHSP |
| Requirement 1(3)(a) | Each consumer is treated with dignity and respect, with their identity, culture and diversity valued. | Compliant |
| Requirement 1(3)(b) | Care and services are culturally safe | Compliant |
| Requirement 1(3)(c) | Each consumer is supported to exercise choice and independence, including to:   1. make decisions about their own care and the way care and services are delivered; and 2. make decisions about when family, friends, carers or others should be involved in their care; and 3. communicate their decisions; and 4. make connections with others and maintain relationships of choice, including intimate relationships. | Compliant |
| Requirement 1(3)(d) | Each consumer is supported to take risks to enable them to live the best life they can. | Compliant |
| Requirement 1(3)(e) | Information provided to each consumer is current, accurate and timely, and communicated in a way that is clear, easy to understand and enables them to exercise choice. | Compliant |
| Requirement 1(3)(f) | Each consumer’s privacy is respected and personal information is kept confidential. | Compliant |

Findings

Consumers said staff treat them dignity and respect. Consumers spoke about the kindness and approachability of staff and their willingness to address consumers’ concerns. Staff spoke respectfully about consumers and were aware of each consumer’s background and preferences. The service has policies and procedures that promote a person-centred and respectful approach to care and service delivery.

Consumers provided examples of how the service supports their cultural preferences. Staff said they spend time getting to know each consumer’s background and care preferences. Care documentation includes information on supporting consumers’ cultural needs and preferences during care and service delivery. Cultural safety and diversity policy and procedures are in place to guide staff practice.

Consumers and representatives confirmed the service involves them in making decisions about the care and services consumers receive. Staff described how they support consumers to exercise choice and make decisions about their services and this was reflected in care documentation.

The service demonstrated consumers are supported to take risks to enable them to live the best life they can. Consumers said they are encouraged to do things independently and staff respect the decisions they make. Staff described how they support consumers to take risks and to do things important to them. Management described the processes implemented including discussing the risks and alternative approaches with the consumer and their representatives. A policy and procedure in relation to dignity of risk/choice and decision-making is available for staff to refer to.

The service demonstrated information provided to consumers is current, accurate, timely and easy to understand. Consumers said they have access to care plans and monthly statements, and they understand the information they receive. The service records consumers’ preferences on how they wish to receive information such as by text, email, post, or by yarning. Consumers are provided a handbook with information on various areas; pictorial information is also captured in recognition of limited literacy of some consumers. Staff described how they explain information to consumers, including speaking in consumers’ preferred local dialect.

Consumers did not express concerns regarding privacy and confidentiality of information. Staff described various ways used to ensure consumer privacy and confidentiality. Policies and procedures related to privacy and security of information are available to guide staff.

# Standard 2

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| Ongoing assessment and planning with consumers | | CHSP |
| Requirement 2(3)(a) | Assessment and planning, including consideration of risks to the consumer’s health and well-being, informs the delivery of safe and effective care and services. | Compliant |
| Requirement 2(3)(b) | Assessment and planning identifies and addresses the consumer’s current needs, goals and preferences, including advance care planning and end of life planning if the consumer wishes. | Compliant |
| Requirement 2(3)(c) | The organisation demonstrates that assessment and planning:   1. is based on ongoing partnership with the consumer and others that the consumer wishes to involve in assessment, planning and review of the consumer’s care and services; and 2. includes other organisations, and individuals and providers of other care and services, that are involved in the care of the consumer. | Compliant |
| Requirement 2(3)(d) | The outcomes of assessment and planning are effectively communicated to the consumer and documented in a care and services plan that is readily available to the consumer, and where care and services are provided. | Compliant |
| Requirement 2(3)(e) | Care and services are reviewed regularly for effectiveness, and when circumstances change or when incidents impact on the needs, goals or preferences of the consumer. | Compliant |

Findings

The service has an assessment and care planning policy and procedure in place. Assessment information includes the consideration of risks to the consumer and is used to develop a plan of care in partnership with the consumer and/or representative. Information outlined in the care plan guides staff in the provision of safe and effective care and services.

Consumers confirmed they are involved in discussions around their needs, goals, and preferences, including the opportunity to complete an advanced health directive should they choose to. Staff demonstrated knowledge of individual consumers’ specific needs, goals, and preferences; this aligned with information under care planning documentation.

Consumers and representatives confirmed their involvement in the assessment and care planning process. Staff described how they engage with consumers and representatives to discuss the consumer’s needs and preferences, and how they involve other health professionals and providers for care and service delivery based on the consumer’s needs. Care documentation identified information on involvement of other services such as where transport is required to enable the consumer to attend external appointments. Policies and processes are in place to guide staff in sharing consumer information with other health professionals and providers, following consent of the consumer/representative.

The outcomes of assessment and planning are effectively communicated with consumers, representatives, and others where responsibility of care is shared. Consumers and representatives confirmed they have access to a copy of the care plan. Review of care plans identified inclusion of information on care and services provided, including day and time of the service and the consumer’s individual needs and preferences. Staff said they have access to care plans in the consumer’s file and attend daily morning meetings where any changes are communicated.

Consumers and representatives confirmed care and services are regularly reviewed. Policies and procedures outline timeframes for regular and ad hoc review of consumers. Staff said, and review of care documentation confirmed, a review process is in place to ensure care plans are updated on a regular basis and if there are any changes to the consumer’s needs and condition.

# Standard 4

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| Services and supports for daily living | | CHSP |
| Requirement 4(3)(a) | Each consumer gets safe and effective services and supports for daily living that meet the consumer’s needs, goals and preferences and optimise their independence, health, well-being and quality of life. | Compliant |
| Requirement 4(3)(b) | Services and supports for daily living promote each consumer’s emotional, spiritual and psychological well-being. | Compliant |
| Requirement 4(3)(c) | Services and supports for daily living assist each consumer to:   1. participate in their community within and outside the organisation’s service environment; and 2. have social and personal relationships; and 3. do the things of interest to them. | Compliant |
| Requirement 4(3)(d) | Information about the consumer’s condition, needs and preferences is communicated within the organisation, and with others where responsibility for care is shared. | Compliant |
| Requirement 4(3)(e) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | Compliant |
| Requirement 4(3)(f) | Where meals are provided, they are varied and of suitable quality and quantity. | Compliant |
| Requirement 4(3)(g) | Where equipment is provided, it is safe, suitable, clean and well maintained. | Compliant |

Findings

Consumers said the service provides them with services and supports for daily living to enable them to continue to do things independently. Staff described how they support consumers such as by planning activities at the service’s centre that cater to consumers’ varied interests. Care documentation identified examples of services supporting consumers to maintain their independence, well-being, and quality of life.

Consumers and representatives said the service supports consumers when feeling low or where they have specific spiritual and psychological wellbeing needs. Staff demonstrated knowledge of individual consumers’ needs in relation to emotional, spiritual, and psychological well-being. Staff described how they support consumers with ongoing mental health concerns such as by taking the time to build a relationship with consumers, noticing if there is a change in mood or behaviour, and reporting any concerns to their supervisor.

Consumers and representatives confirmed consumers are supported to participate in the community and to maintain relationships of importance to them. Information about each consumer’s social and personal relationships and activities of interest is documented to guide staff practice.

Systems and processes are in place to ensure information is communicated effectively within and outside of the service when there is a change in a consumer’s condition, needs, or preferences. Consumers said they usually receive services from the same staff who are familiar with their needs, and they feel comfortable talking to staff if they require any changes. Staff described various ways information is communicated between staff and with other providers.

Consumers expressed confidence in the service organising timely and appropriate referrals. The service has a policy and procedure on the referrals process and staff demonstrated knowledge of this. Care documentation includes referral information for consumers as per their needs.

Consumers were satisfied with the meals provided confirming they are of good quality and quantity. Staff are aware of consumers’ dietary needs and preferences, including requirements for meal assistance. Observations of the service’s kitchen and facilities where breakfast, morning and afternoon tea are provided identified food is prepared, handled, and stored appropriately. Food safety audits and inspections are conducted.

Equipment provided to consumers is fit for purpose for the consumer and tailored to their specific needs. Consumers said they are satisfied with the equipment provided and it is suitable for them. Management described how consumers are provided an opportunity to access allied health professionals for recommendations on appropriate equipment to meet their specific needs.

# Standard 5

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| Organisation’s service environment | | CHSP |
| Requirement 5(3)(a) | The service environment is welcoming and easy to understand, and optimises each consumer’s sense of belonging, independence, interaction and function. | Compliant |
| Requirement 5(3)(b) | The service environment:   1. is safe, clean, well maintained and comfortable; and 2. enables consumers to move freely, both indoors and outdoors. | Compliant |
| Requirement 5(3)(c) | Furniture, fittings and equipment are safe, clean, well maintained and suitable for the consumer. | Compliant |

Findings

Consumers said the service environment is welcoming and optimises their sense of belonging, interaction, and function. They expressed satisfaction with the facilities available at the service centre and confirmed they enjoy the activities on offer. Observations of the service centre identified the environment is easy to navigate with directional signage in place, comfortable seating and dining areas, a laundry and shower facilities, and an outside shaded pergola area for consumer use.

Consumers said the service centre is safe, clean, and well-maintained and any issues with the service environment or maintenance are attended to promptly. A security system is in place with external security camera monitoring and secure doors and windows. The environment is accessible for consumers using wheelchairs, and consumers can move freely inside and outside the service. Consumers have access to transport provided by the service to transfer them to the centre.

Furniture, fixtures, and equipment were observed to be safe, well-maintained, and suitable for consumers. Staff are aware of reporting processes for any hazard and maintenance issues.

# Standard 6

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| Feedback and complaints | | CHSP |
| Requirement 6(3)(a) | Consumers, their family, friends, carers and others are encouraged and supported to provide feedback and make complaints. | Compliant |
| Requirement 6(3)(b) | Consumers are made aware of and have access to advocates, language services and other methods for raising and resolving complaints. | Compliant |
| Requirement 6(3)(c) | Appropriate action is taken in response to complaints and an open disclosure process is used when things go wrong. | Compliant |
| Requirement 6(3)(d) | Feedback and complaints are reviewed and used to improve the quality of care and services. | Compliant |

Findings

Consumers said they are encouraged to provide feedback and felt comfortable to speak to staff directly to raise any concerns. Verbal feedback and concerns raised by consumers are communicated by staff during daily meetings. Feedback and complaints forms are available for use and a feedback and complaints policy is in place to guide staff practice.

The service provides information to consumers regarding access to advocacy, language services, and external complaints resolution mechanisms via brochures and a consumer handbook adapted to support varying literacy levels. Some staff speak local dialects which enables consumers to express any concerns more comfortably to them. Staff and consumers confirmed they have attended information sessions run by external advocacy agencies.

Consumers were satisfied their concerns are responded to by the service. Review of complaints documentation identified appropriate and timely action is taken in response to complaints raised and an open disclosure process is applied.

Staff and management provided various examples of how feedback and complaints have been used to inform improvements to care and service delivery. Whilst some examples of feedback and complaints not being consistently documented were identified, management committed to implementing immediate improvement actions to address this.

# Standard 7

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| Human resources | | CHSP |
| Requirement 7(3)(a) | The workforce is planned to enable, and the number and mix of members of the workforce deployed enables, the delivery and management of safe and quality care and services. | Compliant |
| Requirement 7(3)(b) | Workforce interactions with consumers are kind, caring and respectful of each consumer’s identity, culture and diversity. | Compliant |
| Requirement 7(3)(c) | The workforce is competent and the members of the workforce have the qualifications and knowledge to effectively perform their roles. | Compliant |
| Requirement 7(3)(d) | The workforce is recruited, trained, equipped and supported to deliver the outcomes required by these standards. | Compliant |
| Requirement 7(3)(e) | Regular assessment, monitoring and review of the performance of each member of the workforce is undertaken. | Compliant |

Findings

Consumers said staff are available to provide care and services in line with their needs and preferences. Given the service operates in a geographically remote area and therefore experiences challenges with recruiting suitable staff, all staff at the service are multiskilled to ensure the skill mix enables safe and effective care and service delivery.

Consumers said staff are kind, understand their diversity and culture, and look after them. Staff at the service centre were observed to be kind, caring, and respectful towards consumers. Staff demonstrated an understanding of each consumer’s specific background, identity, and culture. Review of policy, procedures, and the staff handbook identified staff are provided information on respectful interactions and valuing cultural diversity.

Consumers and representatives were satisfied with staff skills and competency to perform their roles. The service maintains position descriptions for each role and keeps records of qualifications and competencies. All staff hold or are working towards a recognised aged care qualification. The service monitors requirements for renewals of records and staff are sent reminders of this.

New staff are onboarded through use of a handbook, an orientation guide, and coaching and mentoring opportunities. Staff are required to complete mandatory training and there are systems to track and monitor training completion. Staff confirmed they have completed training in the past twelve months and described the training topics undertaken such as first aid and dementia modules.

Staff said they have participated in an annual appraisal process where their performance is reviewed and any areas for further training and development identified. Review of documentation evidenced all staff have completed an appraisal in the past 12 months. The service has a performance management policy and procedure to guide in the performance management of staff, where required.

# Standard 8

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| Organisational governance | | CHSP |
| Requirement 8(3)(a) | Consumers are engaged in the development, delivery and evaluation of care and services and are supported in that engagement. | Compliant |
| Requirement 8(3)(b) | The organisation’s governing body promotes a culture of safe, inclusive and quality care and services and is accountable for their delivery. | Compliant |
| Requirement 8(3)(c) | Effective organisation wide governance systems relating to the following:   1. information management; 2. continuous improvement; 3. financial governance; 4. workforce governance, including the assignment of clear responsibilities and accountabilities; 5. regulatory compliance; 6. feedback and complaints. | Compliant |
| Requirement 8(3)(d) | Effective risk management systems and practices, including but not limited to the following:   1. managing high impact or high prevalence risks associated with the care of consumers; 2. identifying and responding to abuse and neglect of consumers; 3. supporting consumers to live the best life they can 4. managing and preventing incidents, including the use of an incident management system. | Compliant |

Findings

Consumers confirmed they are engaged in ongoing consultation and can provide feedback and suggestions which are considered by the service. Interviews with a diverse cultural range of consumers identified they felt valued and able to contribute to how services are delivered. Staff provided examples of how consumers have been engaged including via yarning with Aboriginal consumers as their preferred method to communicate and discuss feedback.

Requirement 8(3)(b)

The Quality audit report brought forward information identifying whilst the service’s management committee meets monthly, reporting to the committee does not include ongoing and consistent information on incidents, feedback and complaints, consumer numbers, and service deliverables to enable effective oversight of quality and safety. The management committee comprising of members from civic, health, or business backgrounds have not completed education on the Aged Care Quality Standards and in relation to accountability and governance responsibilities within aged care.

The Provider in its response advised of improvement actions implemented to ensure monthly reporting to the management committee now includes information on incidents, feedback and complaints, consumer numbers, and service deliverables. The management committee have been enrolled in training on the Quality Standards and governance responsibilities.

Having considered the Quality audit report and the Provider’s response, I find this Requirement compliant.

Requirement 8(3)(c)

The Quality audit report identified effective organisation wide governance systems in relation to continuous improvement, financial and workforce governance, regulatory compliance and feedback and complaints. However, the Quality report brought forward information identifying gaps in information management in relation to the service not consistently capturing feedback and incident data to enable accurate trending in accordance with its own policy and procedures.

The Provider’s response advised of improvement actions implemented in the form of a feedback form made available to all staff for recording of feedback, entering of feedback into the client management system, training to staff, and monthly reporting to the management committee.

Having considered the Quality audit report and the Provider’s response, I consider the Provider has appropriately addressed the deficit identified. I, therefore, find this Requirement compliant.

Requirement 8(3)(d)

The service is effectively managing high impact and high prevalence risks, staff are aware of how to identify and respond to abuse and neglect of consumers, and consumers are supported to live the best life they can. However, the Quality audit report identified whilst the service has an incident management system and processes in place, staff were not consistently following incident management processes to ensure all incidents and near misses are recorded. Several examples of risks or incidents were identified where despite staff reporting and acting on the information, this was not formally documented this by completing incident reports.

The Provider’s response advised of improvement actions implemented including refresher training for staff on types of incidents and processes for recording incident information and ensuring regular monthly reporting of incident information to the management committee.

Having considered the Quality audit report and the Provider’s response, I find the Provider has appropriately addressed the deficit identified.

I, therefore, find this Requirement and all Requirements under this Standard compliant.

1. The preparation of the performance report is in accordance with section 57 of the Aged Care Quality and Safety Commission Rules 2018. [↑](#footnote-ref-1)